R 260500Z OCT 93 ZYB
FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (93-41)//
POC/CAPT PERRY BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202) 653-1315/TEL:DSN 294-1315/-//
RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.
2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL CONDITIONS PERMIT.
3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:


HEADLINE: DoD Health Care and Reform Initiatives

BUMED Washington (NSMN) -- Under the current Military Health Care System, the Department of Defense and Navy medicine are national leaders in providing quality health care to beneficiaries and are continually improving cost, quality and access. Each of the military services is participating in a CONUS (and Hawaii) reorganization of military medicine through 12 geographic regions. A single-service lead agent will manage and coordinate the Military Health Plan (MHP) for a region, similar to the current TRICARE system being operated in Tidewater, VA. The Navy is the lead agent for Southern California and the Tidewater areas. The MHP is a system health network, similar to a civilian Health Maintenance Organization (HMO), and is supported by civilian health care providers and hospitals.

SUBHEAD: Geographic Regions and Lead Agents

The currently planned 12 geographic regions, their lead agents and Navy hospitals are:

-- Region 1 (Army, fiscal; Chair rotates among services): Walter Reed Army Medical Center (AMC), Washington, DC; National Naval Medical Center Bethesda, MD; Naval Hospital (NavHosp) Patuxent River, MD; NavHosp Groton, CT; and NavHosp Newport, RI.

-- Region 2 (Navy): Naval Medical Center (NMC) Portsmouth, VA; NavHosp Cherry Point, NC; and NavHosp Camp Lejeune, NC.

-- Region 3 (Army): Eisenhower AMC, Fort Gordon, GA; NavHosp Charleston, SC; NavHosp Beaufort, SC; NavHosp Jacksonville, FL; and NavHosp Orlando, FL.

-- Region 4 (Air Force): Keesler USAF Medical Center, MS; NavHosp Pensacola, FL; and NavHosp Millington, TN.

-- Region 5 (Air Force): Wright-Patterson USAF Medical Center, OH; and NavHosp Great Lakes, IL.

-- Region 6 (Air Force): Wilford Hall USAF Medical Center, Lackland AFB, TX; and NavHosp Corpus Christi, TX.

-- Region 7 (Army): William Beaumont AMC, Fort Bliss, TX (no Navy facilities).

-- Region 8 (Army): Fitzsimons AMC, Denver, CO (no Navy facilities).

-- Region 9 (Navy): Naval Medical Center San Diego; NavHosp Twenty-nine Palms, CA; NavHosp Camp Pendleton, CA; and NavHosp Long Beach, CA.

-- Region 10 (Air Force): David Grant USAF Medical Center, Travis AFB, CA; NMC Oakland, CA; and NavHosp Lemoore, CA.

-- Region 11 (Army): Madigan AMC, Fort Lewis, WA; NavHosp Bremerton, WA; and NavHosp Oak Harbor, WA.

-- Region 12 (Army): Tripler AMC, Fort Shafter, HI; and Naval Medical Clinic Pearl Harbor.

SUBHEAD: The Future of Military Health Care Under Reform

The President recognizes the merits of the current military health care system because it meets or exceeds the areas of his concerns for the nation's health care system:

--Security
--Choice
--Simplicity
--Quality
--Savings
--Individual Responsibility

The President requested DoD be involved in health care reform; therefore, DoD's part in national health care reform will focus on:

--Readiness
--Security
--Choice

Until the Congress approves legislation, the exact details are tentative. However, the following plan is being proposed by DoD:

--Military readiness will be maintained.

--All military members are automatically enrolled in the Military Health Plan without charge.

--Overseas: There will be no change to the present overseas military health care system for any authorized beneficiary.

--United States: All beneficiaries will continue to have the same or improved access to high quality health care. Active duty family members and retirees will have the option of either enrollment in the MHP, or at least two civilian managed care plans, including a "fee-for-service" plan (similar to the current CHAMPUS programs).

--All military beneficiaries will be included.

--Beneficiaries would not pay a fee for treatment or inpatient care at military medical treatment facilities (MTFs), except for subsistence as they pay under the present system:

- E-1 through E-4 would be enrolled without fee or they may opt out of the Military Health Plan for other available health care plans. Visits to non-military facilities may cost $5 per person, per visit.
- Enrollment fees for all other active duty family members would be about $35 per person for a maximum of $70 per family, and there would be a $10 per-person, per-visit fee to a non-military facility.
- Enrollment fees for retirees and their family members would be about $50 per person for a maximum of $100 per family, and a $15 per-person, per-visit fee to a non-military facility. The medical expense cap maximum, now at $7,500 per family, may be reduced.

For those active duty members and their families, such as recruiters, who do not have access to a Military Health Plan in their area, DoD will contribute 100 percent of the premium costs for those choosing the lower priced civilian Managed Care Plan, less the enrollment fee that would be charged by the Military Health Plan.

For those military family members (under age 65) who choose one of the civilian health care plan options, DoD will pay 80 percent of the average cost of the health care plans in their area. These plans, including "fee-for-service" plans, may result in higher out-of-pocket costs for some families.

For family members over age 65, they will have the choice of either the proposed Military Health Plan or Medicare. The President supports Medicare reimbursement to the MHP for those over 65 who choose the military system.

SUBHEAD: The Bottom Line

The Military Health Care System will continue to provide high-quality health care for all beneficiaries, in many cases at a lower cost to the family member than they are now paying, but with increased access. However, family units will become more involved in, and be more responsible for, their individual health care.

SUBHEAD: Definitions

When discussing health care systems, important terms to understand are:

--MTF: A military "Medical Treatment Facility," which ranges in size from NNMC Bethesda and NMC San Diego, to Branch Medical Clinic Atsugi, Japan, and the MTFs aboard the hospital ships USNS Comfort (T-AH 20) and Mercy (T-AH 19).

--HMO: A "Health Maintenance Organization" is a "pre-paid" plan such as provided by the Military Health Plan or current military treatment facilities.

--PPO: A "Preferred Provider Organization" is a network of health care providers who, under contract, provide care at a lower or fixed cost to the health plan and patient.

--Fee-for-Service: Also known as an "Indemnity," this is a

CHAMPUS-like plan that provides greater personal choice in a medical provider but at a higher individual out-of-pocket cost than an individual would have to pay under a military health, PPO or HMO plan. "Indemnity" means compensation for loss or injury, similar to an automobile or homeowners insurance policy, with an annual "fee-for-protection," or premium, based on an individual's choice in the type and level of services desired and, usually, with "deductible" fees for certain types of extra or special coverage.

-USN-

HEADLINE: Navy Announces New Smoking Policy

NNS-BUPERS Washington (NSMN) -- The Department of the Navy is implementing new smoking regulations that will significantly change smoking inside ships, aircraft, vehicles and buildings. The new regulations go into effect at all Navy and Marine Corps commands no later than 1 January 1994.

"The policy will ensure smoke free work and living spaces for our people," said LCDR Nancy Godfrey, MSC, the Tobacco Prevention/Cessation Programs Officer at the Bureau of Naval Personnel. "Commanding officers will designate smoking areas on Navy vessels not to encourage smoking, but to provide a place for smokers who are having a difficult time quitting."

The new smoking policy is designed to protect Navy and Marine Corps people and their families from involuntary exposure to environmental tobacco smoke (ETS). The Environmental Protection Agency has classified passive smoking, or ETS, commonly known as secondhand smoke, as a "Group A" carcinogen.

Aboard surface ships, smoking areas shall be designated on weather deck areas away from air supply intakes. If weather deck areas are not available, commanding officers shall designate one or more normally unmanned spaces inside the ship that vent directly outside the vessel, and that will not recirculate secondhand smoke.

Designated smoking spaces will not include normally manned work or living areas, such as watch stations, berthing areas, lounges, messing areas, libraries, ready rooms, exercise areas and medical areas.

Commanding officers of submarines will designate smoking spaces based on guidance from the force commander and the Nuclear Powered Submarine Atmosphere Control Manual (NAVSEA S9510-AB-ATM-010(U)).

At shore facilities, commanding officers may designate outside smoking areas away from areas commonly used by non-smokers. Outside smoking areas must be located away from air intakes and building entryways and egresses, so that the smoke is not recirculated into buildings.

Smoking will be permitted in individually assigned family quarters, bachelor quarters, and Hostess House and Navy Lodge rooms, providing they are not serviced by a common heating, ventilation or air conditioning system.

Smokers who want to quit will not be left out in the cold. The Navy and Marine Corps have several programs and classes available to help smoking cessation. These services are free and

available through command fitness coordinators, medical treatment facilities and family service centers.

The 1992 Worldwide Survey of Substance Abuse indicated that about 37 percent of the people in the Navy smoke. While smoking is declining, the Navy is still well above the national average of 25 percent.

For more information on the new policy, see ALNAV 131/93.

-USN-

HEADLINE: BUMED EEO/Civilian Personnel Functions Move to HRO

BUMED Washington (NSMN) -- On 18 October 1993, the Human Resources Office, Washington, assumed responsibility for the Bureau of Medicine and Surgery's Civilian Personnel Programs and Equal Employment Opportunity functions. The newly established BUMED Command Services Office, Code 00M, at HRO-W at the Washington Navy Yard, will support these functions, which were previously performed at BUMED in Washington by the Special Assistant for Equal Employment Opportunity Programs, MED 00F, and Director, Civilian Personnel Division, MED 52.

HRO's BUMED Command Services Office will provide staff services for claimancy-wide issues such as developing Command Human Resources Management/EEO policy, consolidating reports from the field for presentation to higher authority and assisting with issues related to Base Realignment and Closure (BRAC).

Day-to-day advice and operating assistance will still be provided at the local level by servicing Human Resources Offices. Also, issues that must be processed via the chain of command, such as grievances where the activity head is personally involved, will continue to be forwarded to the next level in the activity head's chain of command.

The new Code 00M office at HRO includes several members of MED 00F and MED 52, and emphasis will continue to be providing quality service in a timely manner. Following is Code 00M's address, telephone numbers and staff:

Human Resources Office, Washington
BUMED Command Services Office (Code 00M)
Washington Navy Yard
901 M St. SE, Building 200G
Washington, DC 20374-5050
(202) 433-0871, -0981, or -0984
DSN prefix 288-
Fax suffix -0865

Associate Director, Civilian Personnel Programs:
Mr. Raymond L. Robinson
Command Deputy Equal Employment Opportunity Officer:
Ms. Vanettia W. Vann
Personnel Management Specialists:
Mr. Frederick W. Denecke and
Ms. Marie A. Allen
Secretary:
Ms. Michelle L. Wardlaw

-USN-

HEADLINE: NMCL New Orleans Social Worker Provided Theme

NMCL New Orleans (NSMN) -- U.S. military communities worldwide observed October as National Domestic Violence Awareness Month. The campaign addressed this growing social problem through educational and other command-sponsored activities. This year's theme, "Break the Silence, Stop the Violence," was the idea of Ms. Angela C. Darling, Family Advocacy Social Worker at the Naval Medical Clinic New Orleans.

Darling, who has worked with the Navy in New Orleans for the past 15 months, made her suggestion earlier this year, when she was attending the Family Advocacy Staff Training Course in San Antonio, TX. When notified that the Department of Defense's Office of Family Policy, Support and Services had selected her idea from numerous other entries, she was surprised, but pleased to be a part of the total effort. Darling said she hopes the theme "Break the Silence, Stop the Violence" will help inspire those in need to ask for assistance in ending domestic violence. Story by HMCS John Cantwell

-USN-

HEADLINE: Naval Hospital Employee Gives Gift of Life

NAVHOSP Camp Pendleton, CA (NSMN) -- "It felt like an opportunity I will never have a chance at again," said Mr. Paul Wenzel, a Naval Hospital Camp Pendleton employee, who recently donated his bone marrow to a 46-year-old woman suffering from acute lymphatic leukemia.

Wenzel said the experience was very emotional, but it felt really good. "I cried on numerous occasions at the recovery room, overrun by these emotions," he said. "It was just unbelievable."

The procedure, which doctors call a bone marrow harvest, was performed 4 August at the Georgetown University Medical Center in Washington, DC, and climaxed a series of events begun early last year.

In May 1992, Wenzel volunteered as a potential marrow donor at a recruitment drive held at Camp Pendleton by the Bill Young Marrow Donor Center (BYMDC). By volunteering as a potential donor, you are entered into a National Registry that allows preliminary matching of marrow donors and recipients.

Almost a year after Wenzel was entered into the registry, he was contacted by Mr. Kevin Antler, BYMDC Donor Services Coordinator, who told Wenzel he might be a match for an unrelated patient.

"I was working, and it took me by complete surprise," said Wenzel. Additional blood samples were quickly drawn from Wenzel for confirmatory testing. A month later, on 17 June, BYMDC received the request to ask Wenzel if he would donate his marrow on behalf of the patient. The match had been confirmed.

Wenzel then flew to Georgetown University Medical Center, where a complete health history and physical exam was taken, including a chest X-ray, EKG and blood work.

On 4 August, Wenzel was awake throughout the hour-and-a-half long procedure when about 1500 milliliters of his marrow -- roughly equivalent to three units of blood, or about 5 to 10 percent of his body's total volume, was removed from his pelvic

bones using a needle and syringe technique.

After the procedure, Wenzel said he was extremely tired and experienced back ache and difficulty sitting upright in the bed. However, since he is in good physical shape, he recovered quickly.

Wenzel said many people were supportive of his undertaking, including his supervisor, LT Heidi Rose McFadden, whom he said backed him up 100 percent.

His father, COL Paul Wenzel Sr., USA (Ret.), sent his son a note that read, in part, "I am so proud that you elected to donate your bone marrow to save someone's life. I truly hope it serves its purpose because the anxiety, pain and emotional efforts you suffered justify a successful transplant.

"You certainly displayed uncommon courage and a sincere care for your fellow man by this selfless act. ... Your mother is just as proud as I, and I know she will always think of your having done this as being a very wonderful thing."

Wenzel said he was told that the recipient has engrafted, which means that his marrow was accepted and her body is now creating its own regular blood cells.

Wenzel hopes to be able to meet the recipient of his marrow, if she is agreeable and after a year passes, as required by conditions for donor-recipient meetings.

"I'm still at an emotional high," Wenzel concluded. "I possibly may have saved somebody's life by giving her a part of my life."

Story by HM2 Edgar Nem Singh

-USN-

HEADLINE: Depression Puts Heart Attack Victims at Greater Risk

AMA Chicago (NSMN) -- People who survive heart attacks but suffer from major depression have a three- to four-times greater risk of dying within six months than those who do not suffer depression, according to a study in last week's Journal of the American Medical Association.

"This is the first prospective study to demonstrate an independent impact of major depression on post-MI prognosis," writes Nancy Frasure-Smith, PhD, from the Research Center, Montreal Heart Institute, Quebec, Canada, with colleagues. "Although the precise mechanisms remain unclear, having symptoms of major depression following an MI (myocardial infarction) multiplies the risk of mortality by a factor of 3 to 4."

The authors report on 222 patients who had acute myocardial infarctions between August 1991 and July 1992, and survived to be discharged from a large, university-affiliated hospital. Patients were 78 percent male and aged 24 to 88 years (mean, 60 years).

Patients were interviewed from five to 15 days following their heart attacks. The interview included social and demographic data, smoking status and a modified version of the National Institute of Mental Health Diagnostic Interview to assess psychiatric condition.

Thirty-five (16 percent) were determined to have major depression. "By six months post-MI, 12 patients had died,

including six depressed patients (17 percent) and six nondepressed patients (3 percent)," they report.

They say the increased risk remained after controlling for other clinical variables, including initial severity of heart disease.

They suggest two possible mechanisms for the increased risk: that depressed patients are less likely to adhere to their treatment, and the pathophysiological factors associated with depression.

They say intervention "directed toward the 15 to 20 percent of post-MI patients who show signs of major depression during hospitalization could have a significant impact on mortality," and add that, "Additional research is needed to ensure that both new and existing psychotherapeutic and pharmacologic approaches to treatment improve post-MI depression and are both safe and effective."

-more-

SUBHEAD: EDITORIAL: Treat more than just the physical condition

"[T]he clear demonstration that psychosocial factors like depression and social isolation distinguish the CHD [coronary heart disease] patients at highest risk means it would be unethical not to start trying to treat these factors with the goal of improving quality of life and minimizing the risks they engender in more than 500,000 myocardial infarction victims in the United States each year," write Redford B. Williams, MD, from the Behavioral Medicine Research Center, Duke University Medical Center, Durham, NC, and Margaret A. Chesney, PhD, from the Prevention Sciences Group, University of California, San Francisco.

"Let us begin, therefore, to undertake carefully designed clinical trials evaluating behavioral and pharmacologic interventions -- both singly and in combination -- in women and men with CHD," they write. "In so acting we shall fulfill medicine's basic mission, as well as enhance our national efforts to reduce the costs of medical care."

-USN-

HEADLINE: HIV and You!

BUMED Washington (NSMN) -- Since 1988, the World Health Organization has designated 1 December as World AIDS Day. On this day, attempts are made throughout the world, in all communities, to educate and raise public awareness about HIV/AIDS. This year, the theme is "Time to Act." Commands and communities interested in learning more about World AIDS Day can contact the American Association for World Health, 1129 20th St. NW, Suite 400, Washington, DC 20036; (202) 466-5883.

The 35th Navy Occupational Health and Preventive Medicine Workshop, sponsored by the Navy Environmental Health Center, will be held 26 February-4 March 1994 in Virginia Beach, VA. The proposed agenda includes two weekend HIV workshop courses:

-- 4-hour Navy HIV Instructor Update: Registration open to already certified Navy and Red Cross HIV instructors (limited to 200). This course will review current HIV statistics and information; provide an update on Navy policy and program issues;

and review current education strategies in different regions, including monitoring and evaluation of education efforts.

-- 8-hour Navy HIV Instructor Certification Course: Registration open to individuals who are currently certified American Red Cross HIV/AIDS instructors desiring Navy HIV instructor certification (limited to 50). This course will cover in detail Navy-specific topics related to epidemiology; testing; policy; use of interactive videodisc media; program coordination; and monitoring and evaluation.

Further workshop details and course registration is available from the workshop coordinator, Navy Environmental Health Center, (804) 444-7575. There is no fee for the workshop, and CEUs will be offered.

For more information or to become a Navy certified HIV/AIDS prevention instructor, call the Navy Medical HIV Program at (301) 295-0048, DSN 295-0048.

Story reprinted from the Navy HIV Instructor Update, published by the Navy Medical HIV Program in Bethesda, MD.

-USN-

4. Professional Notes: Information on upcoming symposiums or conferences of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Meetings Scheduled for November:

-- 4-6 November 1993, AMA regional meeting, "The AMA Brings Washington to You," Dallas. For information call 1-800-621-8335.

-- 5 November 1993, AMA regional meeting, "Physicians Forum: Agenda for Action," Dallas. For information call 1-800-621-8335.

-- 10 November 1993, 1700-2000, Navy Nurse Corps Reunion, Omni Shoreham Hotel Hospitality Suite, Washington, DC. For information, contact Rosemary Cox, (703) 739-0579.

-- 10-13 November 1993, Naval Hospital Guam 1968 Reunion, Sheraton Crystal City, Arlington, VA. For information, contact Rosemary Cox, (703) 739-0579. (These two meetings were included in a calendar of events provided by The Vietnam Women's Memorial Project. For additional event information connected with the dedication of the Vietnam Women's Memorial at the Vietnam Veterans Memorial on 11 November, contact The Wabasha Group at 1-800-432-1780.)

-- 13-17 November 1993, Association of Military Surgeons of the United States, 100th Annual Meeting, San Antonio.

-- 18-20 November 1993, American Academy of Medical Administrators, 36th Annual Conference and Convocation, San Antonio.

-- 19-21 November 1993, AMA regional meeting, "The AMA Brings Washington to You," Philadelphia. For information call 1-800-621-8335.

-- 20 November 1993, AMA regional meeting, "Physicians Forum: Agenda for Action," Philadelphia. For information call 1-800-621-8335.

-USN-

5. November observances and events occurring 1-6 November: November

American Heart Disease Prevention Month
Child Safety and Protection Month
National Diabetes Month
National Epilepsy Awareness Month
Aviation History Month
American Indian Heritage Month

1 November: Reserve O-7 MC, DC Selection Boards Convene

1 November 1848: First U.S. medical school exclusively for women opens in Boston, MA

1-5 November: National Health Information Management Week

1-7 November: National Medical Staff Services Professionals' Week

-USN-

6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-1315; DSN 294-1315. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL.

-USN-